

- [Courtney] Well, hello, everyone. My name is Courtney Leigh Beisel, and I am the deputy director of the National Charter School Resource Center. It's my pleasure to welcome you today to today's event.

This workshop will focus on an urgent issue that is on everyone's minds, how to support mental health and well-being of our students. This is a presentation inspired by a recent publication by the National Charter School Resource Center entitled "Creating Communities of Care." The National Charter School Resource Center, or NCSRC, provides technical assistance to federal grantees and resources supporting charter sector stakeholders.

NCSRC is funded by the U.S. Department of Education and is managed by Manhattan Strategy Group in partnership with WestEd. Just a few quick norms from today's session, we're using Zoom meetings today so that we can utilize breakout rooms as part of this conversation, so we ask that you please keep yourself on mute when you're not speaking.

We hope that you will actively participate in small and large group discussions. Fair warning, this is a workshop, and it is interactive, and we've approached today as if we were meeting in person. So, we're going to be going into breakout rooms so that we can dig in some topics together with our peers, and we'll hope that you'll resist all those urges to sign off when we go into those breakout rooms so that you can really work through some of the challenges related to this work with your peers.

Your feedback is important to us, so we would appreciate you taking a moment to respond to our end-of-session survey when it's shared in the chat. And finally, we know your plates are full, and we hope that you'll be able to set everything down today and be present with us as we dig into this important topic. So, here's our session outline.

We're going to unpack a framework that introduces our recently released "Creating Communities of Care" publication to help create comprehensive school-wide systems for supporting student well-being. And, Austin is going to go ahead and share a link to that report in the chat. We'll also hear from Uplift Education on their SEL and mental health strategies that they have implemented across their network.

And finally, you'll have the opportunity to think about how you can apply this framework within your own school context. This session is designed so you'll have practical next steps that you can take back to your school teams and organizations to implement during this school year and future school years. Our learning objectives for today are to explore a framework on how to effectively support mental health and well-being of students and staff that is equity focused and responsive to community needs, to create plans and actionable steps to support well-being and mental health in your schools as well as strategies to overcome barriers, and to exchange ideas with your fellow attendees to learn how others are addressing mental health and well-being needs of staff and students.

And, I'm going to pause here, and I'm really pleased to welcome Laura Montas-Brown, a program officer with the Charter School Programs, to say a few words.

- [Laura] Hello, everyone. Welcome to today's event. We're so glad you took time from your busy schedules to join us for this workshop. Student and educator well-being is a critical issue facing our schools and an important foundation for school community wellness. We believe creating safe and supportive schools is very important and an opportunity for charter schools to act nimbly and make impactful change to better serve students.

We hope that you will use the information presented today and the report released by the National Charter School Resource Center to reflect upon your current systems for supporting student and educator mental health, and to explore ways you can create a community of safe care to help students and educators thrive.

Thank you so much.

- Thank you, Laura. All right. And, I'm going to go ahead and introduce our speakers for today. So, I'm joined by my colleague, Adrian Larbi-Cherif. He's a researcher and publications lead at the National Charter School Resource Center. His work focuses on pressing issues that charter schools are encountering as they aim to improve the educational options for the communities they serve.

Throughout his career, Adrian has focused on how school systems can provide ambitious and equitable learning opportunities for students through policy,

professional development, and continuous improvement. He's joined by Andrea Browning. She's a professional learning provider at WestEd who helps educators and systems leaders create safe, healthy, and engaging learning environments for both students and adults.

She works with educators to plan and implement student-centered personalized learning approaches and brings to this work an equity-focused approach to applying social and emotional supports in ways that are culturally responsive and empowering to young people and to educators. And finally, we're being joined by Dr. John Gasko, chief well-being and SEL officer at Uplift Education.

John and his team ensure that Uplift students have access to regular and reliable preventative and supportive mental health practices and also build the necessary mental health and well-being practices for the adults who serve students each day. And, with that, I'm going to toss this over to Andrea to get us started.

- [Andrea] Wonderful. Thank you. And, it's so good to be together today. I'll make the invitation since this is such a personal topic, it's so human in nature. If you're willing to share your camera, I invite you to do that. It's, you know, been a time of us being in some relative isolation, many of us are still working at home, so I always love to see faces.

So, that's my personal invitation but, of course, not a mandate. So, that said, we're going to start off today just by framing what many of us already know, which is why this matters right now. So, if you think about some of the things that we've seen, the pandemic has taken a really heavy toll, not just on kids, but on school communities, on the adults that sustain these communities, too.

So, we wanted to look into what we can do for communities overall. So, on this slide here, you see really, you know, what feels to be an overwhelming set of indicators that tell us that young people have really unprecedented levels of depression, anxiety, and even suicidal ideation and self-harm right now.

There's been an increased number of trips to the emergency room for teens, and even more so and concerning is that we've seen this be even more pronounced with students of color. So, in addition to experiencing more loss as a result of the pandemic, we've seen that students of color were more likely to attend schools that didn't have counselors, right?

Or if there was a counselor, those counselors really had kind of unsustainable loads of caseloads of students. So, as you all experience and see every day, it's not an exaggeration to say it's a mental health crisis that we're in right now. And, when we think about this, it's crucial that we help to improve student well-being, and we know that when we're all socially and emotionally healthy, we're better prepared to engage together, to learn, to be our authentic selves.

So, just really starting from this stance of urgency when we moved into this work. And, what we're going to talk through today, Courtney mentioned that we have a framework. A framework really is kind of a fancy way to say we organize the kinds of supports that we found in reviewing the research and in talking to school leaders in the charter sector about what was working and what was essential to really have, this integrated fabric of care within a community.

So, based on what the practices we heard about were, we grouped these supports into three different categories, and we'll after this dive into each one with a little more depth. But, the first is really focused on creating a welcoming and affirming environment that makes school feel safe for every student.

The second category or aspect of the framework here is about providing those responsive mental health well-being and SEL supports for all students and, frankly, for all people who are involved in the school community as well. And then, finally, the third piece of the framework that we'll dive into is really about partnerships and about utilizing the community to extend and deepen the mental health and well-being supports that are available to kids and families.

All right. I'll take these one at a time just to orient you a little bit. This is all in the report, and I think we're going to drop in a link to the report in the chat so you all can access it, but there's a lot to unpack. So, we'll kind of orient you to some of this today. You can look into it later. So, well-being... Excuse me.

Welcoming environment strategies, right? There are five different areas that we tagged as being essential here in terms of creating these welcoming, affirming environments. So, it can be programmatic support, it can be, you know, commitments that are made, and so in all of these areas, the through line we found were in the strategies of, first, creating predictable classroom routines that let students know what comes next and also to understand where they can execute agency.

In the literature, we see this term of agency a lot. It really means that young people feel like they have a voice, they have some power, they are a partner in their learning experience. And, second, we talk a whole lot in education about having high expectations for young people, but what matters is how it's communicated, right?

We can't just say it, we need to show it in what we do. That's a real way to make kids feel welcome. Also, explicit opportunities for students to develop SEL or social and emotional skills, such as relationship building and many others as well. So, we can get into a little more deeply later on, especially when we talk to Dr. Gasko about some of the sort of social and emotional elements in charter school buildings.

And then explicit opportunities for relationships. So, supportive relationships of many kinds, peer-to-peer with teachers, within community as well. And then, finally, another sort of welcoming environment characteristic best described as self-care strategies.

I tend not to use that term very much, but when I think about this, I think about those basic well-being strategies, those ways that we can take care of our bodies and minds. Mindfulness has certainly a role to play in education. Things like, you know, taking brain breaks or practicing some yoga or simple breathing, ways to slow down and work on co-regulation are really valuable in environments.

And, I'm going to move on to the second area here, which is really focused on what we think of as different kinds of responsive supports. In my bio, Courtney had mentioned that some of my work is around culturally responsive supports and practices. This means a lot of different things to a lot of different people, but at its core, culturally responsive practices are those where students' own identities are brought to the floor, they are valued, students are encouraged to use this as a sort of learning base and learning asset, and they're encouraged to learn about one another's cultural identities as well.

So, it's something, you know, as simple as having materials on in the building that reflect cultural identities or having access to curricular materials that feel pluralistic as well. But, there's lots of ways to make a building feel culturally responsive. Second out of the five that we've listed here is around MTSS, or multi-tiered systems of support.

And so, we think of these as these tiered systems that have universal supports that are really intended for school level, these targeted supports for specific groups, and there's also application of individualized supports when there are needs that come to the attention of school leaders and of mental health practitioners in the building.

And all others, frankly, too. This is not just the domain of mental health practitioners. We found that restorative circles and practices really showed up a lot in the literature and in what districts, charter management organizations, school-level folks are utilizing. And, you can think of restorative circles. Many of you, I'm sure, have these as practices that help resolve conflict without having to resort to exclusionary discipline practices.

And, there's some real linkages in the literature to agency, the sense of place and purpose that can really emerge as a result of restorative practices. Student choice is an aspect that's near and dear to my heart as someone who's been involved in sort of student-centered personalized learning for a while.

And, that means students get some choice in, you know, what classes they take, their academic projects, their assignments, the modalities for how we do things. So, yes. We're talking about mental health, but the way that we do instruction can really influence this sense of support and being welcomed and having a responsive feel to a classroom as well. And then, finally, I'll just mention something that I think really bears the need for a whole webinar on itself really, which is trauma-informed professional learning, right?

Especially after this pandemic, especially after the kinds of impacts that our community members have endured, there's really quite a lot of research now that tells us more about how trauma impacts the brain and how to even spot signs of trauma so that we can be more responsive to students' needs and, frankly, to teachers' needs and other educator needs as well.

So, there's a little bit more on the publication in that. And then finally, I want to move on to the third area here, which is around partnerships. And, this can look so different in each different school community. So, you know, partnering can be about making use of and, you know, schools are kind of informal community centers, right?

So, we know that families...we've heard stories of families that won't go, you know, to get services in different places because of very legitimate fears, but

they trust the school. Right? So, to help families navigate this, schools, and especially schools in the charter sector, can bring in providers that can provide a real continuum of care. So, can think about, you know, partnerships with community health organizations, right?

Even there's some schools that we've talked to that have primary care available through schools. Things like wraparound services that might even show up here. Anything from, you know, things like academic enhancement, or internships, or other family support services.

So, in our conversations pulling this publication together and in other activities I've done, I know we hear about even, you know, if there's housing and security, there can be services available through school or, you know, counseling services and things like that, but always, of course, through bringing in community organizations, and especially those that maybe parents and other family members are already utilizing.

So, community health organizations, I mentioned, it's unique to talk about this because sometimes there's low-cost or no-cost services that families might not even know about that you can bring to bear through this. And so, parents are on here a couple of times on our list here, right? You need to have routines for parents to know what's available.

You know, it's not just an email, it's inviting folks in in lots of different kinds of ways. This is a way not just for family services, but just to invite parents into the building so they're more engaged and active in their child's education and really have more of a basis to support their well-being. And then, let's see.

Finally, a couple of ideas around partnering with parents. We have things like equity committees, or advocacy groups, or bringing parents even onto staff that could be a community engagement manager. So, a lot of richness within what we consider the community in a charter school. So, I know that was a lot in a very short amount of time, just to give you a breeze-through of these three areas that anchor our framework.

But, I think it really comes to life when you hear about it in one particular context. So, we're really happy to have Dr. Gasko with us. And, Adrian and Dr. Gasko are going to start to dive in a little bit more about what it looks like in a context in a school, rather a school network that has a chief well-being officer, which I think is so cool. So, let me go ahead and turn it over.

- [Adrian] All right. Thank you very much, Andrea, for walking us through our framework on Creating Communities of Care. And, as you mentioned, now we'll turn it over, and we'll ask Dr. Gasko a couple of questions about how Uplift has helped create communities of care within their CMO. And so, to start, Dr.

Gasko, can you provide us with an overview of Uplift as well as provide some details on its mission, vision, and strategies for student and staff well-being?

- [Dr. Gasko] Sure. Hi, everybody. It's good to be in your company. Congratulations. The report, I think it's timely and it's important and will help our communities, especially in the charter world, to be more responsive to reality. And so, a bit about Uplift.

We are the largest public charter school operator in North Texas, and we serve approximately 50 schools across the Dallas-Fort Worth metroplex, approximately 26,000 students. My role really was brought in three years ago. The notion of a chief well-being officer was really meant based upon the organization's inquiry into a critical element of its mission and vision, which is the notion of really promoting the whole scholar or the whole student, and how do we actually do that well.

And so, what Uplift did intentionally is we consolidated a variety of functions and sort of portfolios of people who work across a network that we thought if they were brought together and seen as interdependent, both from a leadership strategy or process and a practice perspective, we truly might have a shot at getting to this sort of larger question of what does it mean to serve the whole student.

And so, under me, as chief well-being officer, I have the privilege of overseeing all of our health services and medical work, that includes both in-house and community partnerships. I oversee our counseling and prevention programs. That includes having a dedicated mental health worker and counselor at every school, having family therapists that can do family work, having network counselors who move around the network and provide additional hands-on capacity where we see more acute needs in the mental health space.

I also oversee our social-emotional learning work, our restorative practice work in the network. And, we also added athletics and physical education because we know braiding together what happens before, during, and after school in this

sort of seamless continuum as it pertains to building relationships with our students, again, these touchpoints allow us to think whole scholar.

And, finally, Uplift has prioritized adult well-being, just as it does of the whole student. So now, we're really trying to attain a North Star vision of what does it mean to be whole adult and whole scholar. And, we think if we can do really good work in both of those lanes, then, you know, we'll have a shot at getting to great.

And so, whole adult, in this case, means really prioritizing ways to serve the spectrum of well-being needs of our 2500 staff across the network.

- Thank you, Dr. Gasko. I heard lots of connections to the framework in the strategies that you were sharing with us, especially around, like, providing mental health supports in each school. And, I was particularly moved by hearing also how there's, like, supports provided for staff as well as family members through having family counselors available through the CMO.

And, I can imagine how that can be very impactful for the 26,000 students and 2500 educators that are on staff. So, to follow up a little bit more, we're curious to hear more about a key challenge that Uplift has faced in supporting student and educator well-being as well as, like, some of the lessons learned through engaging with this challenge.

- Sure. I'll throw out a few statistics. The American Medical Association, or AMA, has recently released continued evidence that 70% of all primary visits for both adults and adolescents is stress-related. In addition, the American Psychological Association, or APA, sort of both preeminent institutions in terms of the medical system and the psychological system, the APA has claimed that by 2030, not too far away, and we're all already making an accelerating progress toward this reality, that the greatest public health epidemic in America, both for adults and acutely for adolescents, will be anxiety and depression, both undiagnosed and diagnosed.

And so, when you sort of put that reality together, it uniquely is showing up in our schools without question. And so, one key challenge that we've been trying to work through is, on the one hand, we're seeing, like, incredible disruption happening across our network in terms of behavior, in terms of students manifesting mental health struggles.

I mean, it's not a straight line. It is sort of an exponential curve in terms of the demand that we're seeing. It was presented earlier by Andrea that, you know, the sort of need to partner with the community is essential to do that work and to meet that demand.

The problem is there are actually diminishing resources in the community. And so, historically, schools have gotten very good at "referring kids" when capacity was challenged. The problem is there's really not a whole lot to refer them to anymore because the social capital of institutions that have historically served mental health and well-being needs of students,

[inaudible] is that that capacity is evaporated. They're more than ever for profit, private pay is on the rise, so we're even seeing a lot of turnover in our schools of nurses and mental health professionals to the private sector because it's very lucrative and the demand is especially high. And so, since we serve predominantly families who have limited needs, like, the notion of private pay is out of the question.

Then for those organizations that have historically offered free or reduced-price services, the demand is overwhelming, and a family has a difficult time even navigating that system. And so, what does one do when the acute demands are manifesting in the present moment and will continue to grow? The availability of community supports to support in partnership with the school meeting those needs, how do we deal with that imbalance with a staff that's increasingly being called upon to be, you know, first-line responders in this reality who are experiencing their own deleterious effect of PTSD, stress, etc., on the caregivers?

And so, when the caregivers start manifesting the same realities that are showing up by students, for example, then we have a real catastrophe in the making. And so, we've tried to think about this in terms of creating a way to break together interdependencies of the functions that I told you that I oversee so that we can try to balance both proactive skill building, proactive needs sensing and looking for alarm flags, and then prioritizing acute needs combined with sort of responsive mental health supports.

And, we're not quite there in terms of achieving balance, but at least we're working more smartly to balance this reality. And so, one of the things that

we've done is implemented across the board a daily intake screening process that every student in our network, 26,000, do upon school entry.

And, it's an emoji-based, research-based assessment system anchored and developed by mental health professionals. It's called Rhithm, R-H-I-T-H-M. There are other systems. And, what Rhithm does is allows the teacher an opportunity to sort of give students a chance to tell us how they're doing as soon as they walk into the school.

What we've done is created some elegant data sort of linkages on the back end. And so, students who score particular ways will get, by the end of that day, a separate follow-up visit by one of the members of what we call a care team. And so, because I oversee the functions that I've taught of the care team, could be a counselor, it could be a nurse, it could be a coach, could be a PE teacher, it could be an SEL specialist, etc., but we've created a form of response to the most acute needs so that we can alleviate the demand on one or two particular role types, in this case, the counselor.

And so, that has been really helpful in giving us a sense of the magnitude of need at the beginning of school so that by the end of that day, we can try to achieve some level of regulation so that learning becomes possible.

And so, hopefully, I've painted a picture of, like, the challenge of meeting the demand versus the capacity and then sort of being smart about integrating supports and really being smart about needs assessment. And, you know, we also have linkages to our food program. We ask students if they're feeling hungry in the morning.

And so, if the student flags if they're hungry, they will get a meal within 30 minutes.

- Oh, that's awesome. That's great to hear. And also, yeah, that's really heartening to hear and to understand, you know, just a little bit more about, you know, how student mental health and well-being is much broader than just emotional states.

It can also just deal with, like, meeting basic needs and supporting students and their families and meeting some of those basic needs. And, I heard a lot that I would love to unpack in what you discussed, Dr. Gasko. Could you say a little bit more about some of this responsiveness and some of these strategies and,

like...so you started to talk about, like, the daily check-in with the Rhithm program.

Are there other strategies that you all are implementing to be responsive to what you're seeing day to day on the ground? And, what's some of the impact you've seen from those strategies?

- Sure. I'll sort of highlight sort of a new body of innovative work. We received an early-phase grant from the U.S. Department of Education, an Education Innovation and Research grant, the EIR grant, to test out across a good number of our schools, about a third, what kind of effects would we find in terms of student outcomes if we integrated proactive SEL, proactive medical support and health, and proactive mental health and responsive mental health supports in a very integrated highly braided way.

So, most counseling programs that I'm familiar with essentially are reactive versus responsive in that, you know, the office exists on the school and any number of issues could arise where the student self-identifies as needing to see the teacher or other staff member refers, and soon, like, the demand becomes overwhelming.

And so, one of the things that we're doing, so in addition to Rhithm, is we've adopted a research-based research needs assessment tool called the SDQ, Strengths and Difficulties Questionnaire. And so, we're screening students for true mental health development. And, that actually allows us to think about grouping our students in ways where we can prioritize, like, services for those, like, you know, really need it the most.

What we're finding across the network is there's really, like, actually a small number of students who are manifesting behavior to such an extreme degree that, you know, the school is becoming overwhelmed by simply a handful versus, like, you know, sort of majority. And so, we're implementing more assessment anchored in research.

And then, what we're doing is we're actually being smart. Most school-based mental health systems do general counseling. So, the counselor decides what he or she wants to offer in terms of the therapeutic modality. And so, the greatest evidence-based work in the mental health world to sort of help support anxiety, depression, and suicidal ideation, it's what's called DBT, or Dialectical Behavior Therapy.

And so, we're offering that to our students who are identified in the lower 30% of the most acute need, and we're offering parent groups as well, where the parents can come and learn the DBT strategies not only for themselves but also for their students.

And so, we're sort of starting this work to test out, you know, how we can best support. And, you know, we often don't make the connection between mental health and physical health. We've kind of forgotten about this thing called healthcare and often refer it and say, "Oh, just get the family Medicaid."

And so, the problem with our tendency to refer is we often don't follow up because we're so busy, not that we don't care. And, if we do follow up, it's a lot of work to get a family to connect. And so, part of what we're offering is free primary care for our students. So, we're also doing comprehensive medical screening of our students to get a sense, and, again, we're not talking about, like, eventually, like, just a small little niche group.

We're talking about doing this network-wide, but right now, a third of our network is our target. And so, based upon using medical assessments, we've partnered with medical groups in the communities who will bring the medical operation to the campus because we've found that distance, and time, and space between identifying the medical need versus the referral and the lack of families actually getting what they need by locating the antidote on the campus.

As long as we have parent consent, we're also able to have a team of medical professionals that can work with our most chronic and acute cases. And so, the mind and the brain exist in this thing called the body, and so we're really trying to be innovative in addressing this with what we know works the best.

So, that's a bit more about some innovation.

- Awesome. Thank you, Dr. Gasko. And, I think that that's really interesting about also bringing parents into the mental health conversation and helping train them on some of strategies around using Dialectical Behavior Therapy, which, I kind of imagine, can, like, also help out in the home life as well and just help improve communication as a whole.

And, I thought it was also really great how you made connections back to the framework about partnering with the community, not just in terms of, like, mental health supports, but also offering some medical supports as well. One

question that came up that some school leaders might be interested in is, like, how do you all pay for some of these strategies?

Like, where does some of the funding for this come from?

- Well, first and foremost, you know, we receive state funding as a, you know, approved charter operator in the state of Texas. And so, it's actually not too hard to prioritize resources for this, which is what Uplift has done. And, this allows us to actually provide this kind of work in our schools. And so, you know, oftentimes financial planning and decisions are made sort of, like, out of the public view in terms of collaboration and true needs assessment.

And so, I think our financial process of truly understanding what our mission and vision is and what the need is, and then making sure we don't just do business as usual. And so, there's incredible efficiencies that can be made and incredible waste at the same time. So, if you strike the right balance, you can actually resource this work quite smartly through state resources.

We are constantly in the hunt for people to really believe in our mission and vision. So, federal grants are plentiful these days. I highly encourage this community to look at them. There's never been this much available, in my experience, in terms of mental health support, SEL, and other supports. Those grants take time, and they're hard to win, but, you know, we're constantly writing, and we have a good process for that.

We're constantly fundraising. And so, I mean, I would say that, you know, if you can create a compelling North Star vision, people will open up resources to you. And so, if you smartly braid local, state, and federal resources, being able to provide these kinds of supports is not as hard as one would think.

- Right. Thank you. Thank you for recapping that for us, Dr. Gasko. So, earlier, you were mentioning how by, like, 2030, one of the primary concerns for adolescents will be mental health issues around diagnosed and undiagnosed depression and anxiety. And, you've also discussed how, like, educators are also feeling the mental health strain.

So, given the current state of things, how does Uplift help prioritize, like, which areas to focus on?

- Well, it's basically treasure what you measure, right? So, I talked a bit about the ways in which we've been sensing need, trying to, you know, figure out

what levers we can jump on that'll get us the greatest good for the greatest number. So, if you don't assess for these things and screen for them, which many schools do not, it's hard to know what to do other than toss a very wide-net approach and have a lot of people slip through the cracks.

So, I would say a really important, really skillful, and wise use of resources is to invest in assessment network-wide and across the board. And so, again, if you're not measuring and screening for mental health and social and emotional needs, then it's always going to be hit or miss.

We put great value and emphasis and have gotten quite good at doing assessment for academic needs. And, we're really seeing the impact on, like, what happens in terms of your ability to get to grade academically when you don't pay attention to these other realms, and it's creeping really fast on this now.

And so, we've done some work where our managing directors who oversee our school principals, we call them directors, actually have on their scorecards...again, you treasure what you measure, checking in on Rhythm data, mental health assessment data, with similar priority to academic growth. And so, when you put that sort of filter and frame, panoramic gaze on what's happening in the classroom and include measures like if you ask a principal how the students..."How are your students doing?"

you'll get any number of responses, but typically, they will respond in academic terms. But, now we're trying to be skillful in helping them understand culture a bit differently and really getting good at understanding how this other set of data can be integrated tightly with academic outcomes. And so, again, final point, treasure what you measure if you've got really good evidence-based elegant instruments to understand what the need is.

And then, once we know what that need is, we create ways to track progress on those mental health and other needs just, like, with the same level of urgency as we do with academics, I think we'll have a shot.

- Thank you for painting that for us so beautifully. I like that phrase, treasure what you measure. And, it makes me reflect on when I was a teacher, we had a lot of measures for academics but not so much for student mental health and well-being and SEL. And, I think that this is a really pertinent issue, and I like how you're framing how it's important to, you know, like, seize the day and,

like, learn how to leverage some of this information to further improve wellness for students, staff, and family.

And so, you shared a lot of great ideas with us during this session, and as we're thinking about our next activity, do you have any parting wisdom for us for how all of us in this webinar can be drivers for advancing the mental health conversation for students and their families and caregivers, staff, and all involved in the education process?

- It's like just sort of, like, actually just being really urgent in tackling, planning associated with this reality, the known and unknowns that are yet to come, and actually putting urgency, leadership, and resources toward it. And so, if conversations are not being had and we're pretending that the same things that we've done will continue to work, then, you know, we're going to see what the impact of that will be.

So, I think, first and foremost, we have to create a balance between, you know, prioritizing the needs of staff and prioritizing the needs of scholars. And so, I really encourage all of you, especially if you're operating schools or supporting schools, to think about, like, prioritizing the well-being of educators.

And, some strategies were named, but we've actually gone deep in looking at transforming structures. One important structure is called time. So, we've done a lot of schedule audits, we've created more planning time for our teachers, we give them once per month what's called a Wellness Wednesday to get early release, and we resource them to take advantage of well-being supports in the community.

We actually have gotten away from the ceremonial calendar of, like, the first big break you is Thanksgiving. So, we've implemented a fall break, which happened recently, where teachers essentially get five days off, including a weekend, to get more time back. And so, if you really want to do well-being well, like, bringing in a mindfulness teacher is great, or a yoga teacher is great, but those are kind of hit or miss kind of things that don't necessarily talk to people, but man, if you start giving them more structural interventions for their well-being, their response is incredible.

And so, give 'em more time, give 'em time to plan, give 'em time to actually take that brain break. And then, you know, this well-being continuum is equally supported, like, adult well-being is scholar well-being, right, or student well-

being. And so, the more you're actually trying to get your students regulated...you know, I see a school essentially in the same way I see the human body central nervous system.

The more you can regulate the central nervous system of the school, adults, and students, right, the more you actually can achieve the mission in North Star. And so, the more we are actually delivering innovative approaches to supporting student well-being, again, it's a reciprocal continuum.

Adult culture is student culture. Student culture is adult culture. And so, we often either do one over at the expense of another or do half, like, you know, do both, but it's possible, I think, to do the work smartly enough to...you know. Something I learned along the way is, like, if you feel it, you'll do it.

And so, if you give people a taste of what well-being means, namely the adults, it has tremendous ripple effects in terms of how it will manifest in their life. If you give a student a feeling of what it means to feel loved, cared for, and supported regardless of what's happening outside of their control, they feel it, they will reflect that in their mindsets and their behavior.

- Awesome. Yeah. I agree and reflect when the chair was saying, like, well said, if you feel it, you'll do it, and I think that that's...you know, really speaks well to what a lot of the research around mental health says, is around, like, you know, being able to regulate some of our emotions and feel it deeply in our body can lead to changes that can not only help support our own well-being but also support the relationships that we're all a part of and the network of people that we're connected to.

And, I also really appreciate how you're connecting how, like, sometimes I think we silo off what we think learning is and we focus on the academics, but, like, to bring in the overall mental health and well-being and SEL into the picture can really help improve student learning in the long term and as well as educator and staff.

- Yeah. One of the things I would just add that we did, you treasure what you measure, our way of tracking adult culture has been through the Gallup 12. We administer at the beginning of the year and the end of the year. Gallup actually developed research-based measures on well-being, asking people about how they feel and how their health is.

And so, we've added an additional four measures to the Gallup 12. So, we call ours the Gallup 16, and we can actually track responses to how people are identifying their well-being needs and then cut that data by school and present the school, including the staff and the leaders, with cuts on, you know, how well-being looks. And, oftentimes, no surprise when we see correlations between what shows up in that well-being data with what's showing up with student performance data, student sort of culture data.

But, what we're doing differently also is providing resources and supports to the adults when we see a lot of red flags on well-being. But, oftentimes, we don't even measure that or know how to do it, but Gallup has done really good work for us. And so I really would encourage you to look at the well-being measures even if you just use those and not the 12, but you have to have a systematic way of creating a pulse, pun intended, around, like, how staff are doing.

- Awesome. Thank you for sharing that, Dr. Gasko. Really appreciate that. Awesome. Well, thank you so much for your time and sharing the great work that you all are doing at Uplift. I'll now turn it over to Andrea, and she'll lead us in our next activity.

- I will, but not before adding my gratitude to Dr. Gasko as well. He allowed me to interview him several times for the paper and help frame some ideas out. And, I have to say, it's refreshing to have, you know, a CMO prioritize this and strategize in such a way that the voice is as strong as, you know, someone who may be at the helm in front of academics.

So, thanks for that example, for your willingness to be part of this community. It's always nice to get to share a space together, so thank you.

- Thank you.

- And, I'm going to transition here to what Courtney promised, which is for this to be a chance for us to interact together. So, it's your turn. I know among all of us that are here in this virtual space, there's incredible wealth of resource and knowledge. So, Austin just put into the chat here a link to a Jamboard. Okay. And so, I'm guessing majority of you have used Jamboard, but if not, as you click in, you'll see you can create a sticky note and start to post your ideas, and there's two pages if you have to use the arrows at the top to navigate through.

And, what we want to hear, it's very simple. Share some of the ways that you're creating communities of care in your school. And, from what we've talked about so far, we know that's anything from, you know, giving resources for families to connect, it can be anything from collecting data that informs your strategic decision-making.

So, we'll take a couple minutes here, and I'll go quiet. Are you going to draw us a picture on there? I know. So, the sticky note functionality is on the far left there, so you'll see that. Yeah. Exactly. And, you can show us how you would put that sticky note on there.

So, I'll quiet down for a minute, and we'll start to take a look, and love to hear at least one idea from each of you so we can get some range of what's happening in your communities as well. And, do, of course, let us know if you're not able to get in. Looks like many of you have gotten in there.

You can certainly unmute and let us know if you're having trouble. And, I'll even broaden the directions here, right? If you're thinking about things that you think would be great to do in your school community, I'd also welcome that in here as well, right?

This can be things you've heard that you think would be helpful in your school community. Great. Starting to have a little action here. So, creating DBT resources for staff and students to learn about their own well-being and coping.

That's great. And, we also plan to roll out resources about SEL in staff meetings and places for students. Awesome. Thank you. Thank you. Restorative circles. Cool.

Wonderful. Wonderful. I know there's lots of different flavors of how this can look. It can be really a wonderful way to engage kids and to engage young people, teach them some of these other ways that they can take into their own lives, too, for dealing with conflict or hurt.

Yeah. Training staff. I think we've got more to come here. All right. So, you want to drop in some ideas under training staff? Yeah. Awesome.

Okay. So, here we're seeing a little bit about providing students opportunities to support the community. So, things like food drives, volunteering at specific community events, older students mentoring younger students. Awesome.

Really, really powerful. And, that speaks to a number of the different kind of

pillars in our framework, right? The ways that we can create affirming practices, welcoming environments, utilizing partnerships.

Very cool. Ah, SEL signature practices. I'd love to hear a little bit more about that. I don't know if whoever put that in is willing to come off of mute and say something. It's an offer, what these signature practices are.

- [Govanch] Yes. Hi, this is Govanch [SP] from Harmony Public Schools.

- Hey, Govanch.

- Yes. This is actually signature practices. We call it emotional well-being. I put it SEL because that's pretty much everyone knows. And, this is actually coming from Castle. We adopted from there, but we actually created our own version of it with activities, especially for our teachers as well.

We do it, admin meetings, PDs, and especially I do it with my team, district team, so yeah. This is more welcoming activities. There's a optimistic closure. So, pretty much this is promoting equity. This is promoting inclusion, everyone.

This is bringing everyone together, saying, "You are very important for this meeting. I hear you. You are part of this meeting." This is what the signature practices is about.

- Beautiful. Thank you, Govanch. Good to hear. And, good to hear about Harmony.

- Thank you.

- I know about your network, and y'all done some great stuff. Yeah. I'll just read a couple of other things, but before we graduate on to our next activity together, I'm seeing some great ideas here around Wellness Wednesdays, right? The Teacher Tuesdays, right? You make this up by giving teachers a chance to really get into their wellness. Yeah.

And, I'll read two more here. Creating our team and determining the roles and commitments of our teams to implement emotional well-being. Great. The team structure does matter. Absolutely. And then, finally, the last one that I'll read out here, training staff. So, we had that before but with restorative practices.

Beautiful. Mental health supports for students and SEL. Oh, I have to read this last one. I said one more, but then on Enrichment Fridays. Teachers and

students who share similar interests get to do fun things together. Wow. What a great way to reinforce some of those aspects of connection in the building.

I'd want to be part of the rock band. Oh, I guess maybe you play rock band. Okay. I'd like to be in a rock band or anime book clubs. Awesome. Cool. Well, please feel free to keep adding here, and we'll reflect back.

But, I want to transition us to our next activity together. And, I think what we're going to do, Austin had put the link to our workbook, and I foreshadowed that in one of my chats back to Sherry here, is that we put a workbook together that takes some of what's in this really robust publication and starts to break it down into how you can use it as a planning resource.

So, the workbook that we have in there, if you open it up, you will find that there is a sort of a way to think through all of the different steps here. Yeah. Thanks for sharing that slide for us. So, what we have put together is an opportunity to just start exploring what's in here. So, what you see in front of you, there's a five-step process that we laid out as a sort of a linchpin in the planning process when we think about creating a community of care.

And, we're going to spend a little bit of time together populating the tables that start on page 3 of your workbook. And, you'll see we've broken down each step with some detail, but there's a table, a three-column table at the top of each, and then you'll see that it'll take you through exploring the five steps, right?

Your team, your strengths and areas of need. Oh, thanks for sharing that. Perfect. The vision, plan, and then conditions for continuous improvement. And so, 10 minutes is really just enough time to get a flavor here. So, we are going to go quiet on our end and welcome you to really dive in here. And, I know it's tempting to, like, go check your email or text your friend back or whatever it is, but I'll just ask you if you can preserve these minutes here to start to review, to drop some ideas in, then you have a really strong start when you bring this back to work within your CMO community, your school community, whatever, within the network, who else you'd be doing your planning with.

So, let me pause and ask if there are any questions and make sure everyone can get into that workbook. All right. And, if not, let's take 10 minutes together and start to populate, starting on page 3, dropping in into your own workbook, which you'll probably do a save as and save it on your own file there, and you've got something as a starting point.

I think Courtney is going to play some music for us, too, so let's see if we can get it done. ♪ [music] ♪ - All right, team. I hope the smooth jazz didn't put you into too relaxed a state, or maybe it was that brain break that you needed.

Hope you found some things in the workbook that might be helpful as you transition after this to sharing it with your team. I am going to go over and kick it over to Adrian, who will move us into a group discussion that we hope you'll all join us for. Go ahead, Adrian.

- Thank you, Andrea. So, now that we've had some time to think about how to establish a community of care within your own school and take some steps and look through this workbook a little bit, we invite you all to share with us some potential barriers that you might face in implementing your plan. We understand, you know, that schools can be very complex environments, and it's important to start to think ahead, to think about what might be some of the conversations you have on campus or with other staff members to think about how you can implement your community of care effectively.

So, maybe we can start there. And, I invite you all to come off of mute if you would like to share any ideas with the space, and we'll explore these questions as a whole group.

- And, I'll make the urging, if you're willing to share your camera, again, it makes it feel like we're in the same room together. So, obviously not a requirement, but just a nice-to-have if you're willing.

- [Cindy] Hello?

- Hi, Cindy.

- Hey. I was eating before, and then I have Invisalign, so I was trying to get that whole situation going, and it's not going well. So, bear with me. So, I believe the major barriers, you know, for our school that we've been having and facing over the years, it really comes down to funding. It seems that for charter schools because we're already doing a lot more with a lot less, it becomes critical not only to train the staff, but also to...you're sort of reliant on your faculty a lot more than if you were to have a professional, somebody that specializes in providing supports.

So, the major barriers for us here at the Charter School of Educational Excellence in Yonkers, New York is really not having adequate funding to

make sure that we're able to have a certain percentage of counselors per student, have a social worker.

Like, right now we have a school psychologist that is supporting 1129 students. This past year we were just able to bring in another counselor. But, with that being said, we are K through 12, so right now we have four counselors, and that's not adequate, specifically because we have a high school.

And, I've been trying to bring in a social worker, and then, unfortunately, I have not been able to do that. So, we have a nurse, we have a tight team that has been here for a very long time. It is an amazing school, and we are doing well because we have people that are supportive, you know, of the students, of the school community, of the parents, so they're willing to work, you know, additional hours and do a lot of follow-up after work, but that's not sustainable.

It's not, you know. So, what is it that, you know, we're able to do? And, the biggest challenges that we have, then, is I have a very young staff, so once they get married, they have babies. So, for example, right now I have three main people that are out on maternity, and they will be supporting those students, too, and they're out supporting their own, you know, newborn baby.

And, we're sort of, you know, like, drowning, you know. It's a year that has been very filled with behavior issues and students that they haven't been in school the last couple of years. So, it's been tough, and it's a challenge. So, I don't know, you know, how everybody else in the call is doing, but that has been my major, you know, barrier, is really funding.

- Yeah. Thank you so much for sharing that, Cindy. And, curious to hear if other people resonate with that challenge.

- And, just to clarify, you know, we're not overcoming the barrier, but we have partnerships. I have a partnership with an organization that's close to the school. They have a satellite office here at the school.

I made a room available to them, but this was probably...I started the process four years ago. So, I have outside providers actually in the building, but even with that, it's not enough.

- That's interesting because what I'm also hearing and what you're saying, Cindy, is that your organization is already providing a lot of support and, still, it

feels like there's a need for more support around, like, student mental health and well-being.

- Just a lot more. Would anyone else like to share some of the barriers that your school or organization has encountered in supporting student and staff mental health and well-being?

- Everybody must be tired.

- For example, in the Harmonys, certain schools, not everyone, like, as of right now, we have...almost everyone has, but we have certain regions...I don't know how much you're familiar.

We are across the board everywhere in Texas, from El Paso to Beaumont, so it's all around. And, we have some schools struggle find right candidate to get hire. Actually, we have funding available, we have positions posted, but there's a huge demand, I think, in this field, and there's a shortage. We cannot close the gap.

So, that's one of the challenges we have. Like, I'm grateful for our board and our superiors. They decided to have one at least, you know. Some campuses have district personnel jumping in, helping them, but there are some campuses, we have few campuses constantly looking for candidates to fill that position.

So, just want to share that. I don't know if someone else has similar, but that's one of them.

- And, what kinds of positions are these, Govanch?

- These are pretty much student counseling, behavioral counselors.

- On our side is also the same, guys. It's been a very large shortage. Even our outside providers, they're having the hardest time getting therapists. And then when they do get them and put them through the certification process, they're going through that whole certification process, and then the therapist is just then going into something completely different.

So, it has been that burnout also. A hundred percent agree with what our, you know, friend was saying, is that it's been very hard just to, you know, actually get people, too.

- So, we've heard that it's hard to hire mental health professionals in Texas and in New York as well. Are others experiencing similar challenges?

- I can say that overall, this is not necessarily in the charter sector, but there's a shortage, you know, of available care in communities, period.

Right? For adults, for kids, not just affordable, but accessible. So, this is something we're hearing nationally. And, everything we see that shows up nationally, schools are, like, a microcosm of that and our communities, too. So, unfortunately, it's not surprising to hear, but it is pretty tough to think about the implications of it.

- Well, it's large enough that the department of...and I don't know if it's for the other, what do you call, states, but here for New York, I'm actually currently also applying for a mental health grant. So, it's been large enough that, you know, the department is putting grants out, you know, to sort of try to get people into the field.

And then, also, help schools with being able to hire and keep, you know, therapists, or school psychologists, or, you know, a mental health team.

- [inaudible]. I'm also curious. I know we framed this conversation around the barriers, but sometimes, you know, it helps to hear some bright spots, too.

So, we invite any of you, you know, maybe you haven't overcome it, but are there some innovations that maybe haven't come up yet in this webinar that are being utilized in any of your communities? Small is fine, too, but I'm sure there are things that our paper didn't touch on and that Dr. Gasko didn't touch on that all of you are trying out.

- [inaudible] question. I haven't...and I know everybody's probably thinking about these questions, too. I haven't reviewed the document that you sent yet, Andrea. I'm going to be reviewing it a little bit later on, but I already sent it to a couple of my colleagues to start looking, so we can have a good conversation around it.

But, you know, maybe for you guys on the call, for me, one of our biggest barriers here, too, it's parents, you know. Although we might see from our side that the student is having specific issues, I don't know if there's...what do you call, where we're coming from in terms of cultural background, where we're having issues where we're asking parents to have the student evaluated or take

them to the hospital if it's something that's a little bit more severe when it comes to mental health.

And, we're with...probably with a 5% of the population, they are not in agreement with it. And so, we're constantly trying to see how can we approach the parent in a different manner to see, you know, if, you know, they can agree to this.

We know the child needs, you know, the support and the help, but a lot of these supports, you know, parents have to sign off for also. So, with a certain percentage of the population, we're getting that, where, "No, nothing wrong with my child. I'm not on board with this." So, can you guys provide any...you know, maybe a little feedback or any how to overcome it?

Not overcome it, but at least make it a little bit more, I guess, student centered.

- That's a really tough one, Cindy. I mean, you're talking about potentially a family's values that, you know, it's more a matter of respecting and understanding than changing in some ways, right? I mean, the only thing I'm thinking about is that this is a long-term challenge of having the families really come into relationship with the school community and be invited in multiple ways so that when something like this comes up, it feels as though it's a continuation of sort of care that's at home.

So, I don't have an easy answer for that.

- You don't have a magic pill?

- I don't. I left my...the magic pill machine is...yeah. But, if anyone has any other ideas, I think you're...I mean, you're mentioning something that I know so many folks struggle with, and it's real. But, I welcome others to volunteer any ideas they have, too.

- Right.

- I don't have any ideas on that, Cindy, but when you were talking, it made me think about all the things I've heard in the special ed field, too, where parents are just like, "No, my child doesn't have any learning challenges," and they'll even hide their students' IEPs rather than being the advocate for their child's education. So, I definitely feel for you and the parents when I hear you mention that kind of thing.

So, it's... I don't know. I might look more into the special ed field and see how they've dealt with trying to overcome that.

- Yeah. So, yeah. So, we've been dealing with that for quite a few years, too. And, although, you know, we have not overcome, you know, the situation, what we do is we still provide those students with academic intervention support. You know, we try our best, you know, to do as much as we can after the parent specifically says, "No, I'm not going through the SPED process."

With the mental health care and with the creating the communities, it becomes a little bit more difficult because you have situations where students, based on how they're behaving, it doesn't matter how tight the community you have of where students are respecting each other and they are sort of working together and comforting each other.

When you have students that are a little bit more out and they are being more aggressive, that scares the rest of the community, you know, and then becomes an issue where, okay, what is it that you're doing as an administrator that you're not taking care of the situation?

And, for us is, we are taking care of it. We're giving the child the space, we're providing support as much as we can based with the understanding that the parent is not on board with it. We're just trying to do as much as we can with the student without getting into legal issues.

- Great. Thank you for sharing that, Cindy. And, I think that's perennial challenge as educators, is continually having new conversations with parents as the times change and the issues at hand change as well.

Thank you so much, you all, for hanging in there and participating in our conversation. We would like to close with a couple of key takeaways, and then we'll give you all a couple minutes to think about next steps that you all would like to enact in your school.

So, Andrea, we've heard a lot of great ideas today and shared a lot with each other. Do you have any key takeaways?

- I have so many, and I tried to, you know, as I was listening today, just jot down a couple. And, one that I kept thinking about, and I think this conversation is part of it, which is continuing to bring mental health into light, continuing to destigmatize what, for so many years, nobody talked about, so

many generations. So, I think, you know, talking about not just, you know, mental health as mental illness, but in a proactive way, that this is something we all have to recognize together.

Because it's our bodies. It's not just our minds. So, I would say, also, I like Dr. Gasko's framing of this work being proactive and not just reactive, right? We're not talking about interventions. Mental health care doesn't live in the area of crisis. It lives in the area of prevention and meeting kids and families where they are.

So, it's part of that reframing, and I think part of, you know, closing the gap on stigma, right? It's mental health parity. You talk about mental health being just as primary as physical health as well. And so, I would add, you know, as sort of one final key takeaway and maybe an action item, too, I was really intrigued in hearing a little bit more around the data that can be helpful in this, right?

Education is a data-informed field. Educators talk about how we know all the time. And so, whether it is, you know, the indicators, like the Gallup indicators that Dr. Gasko was mentioning, or Rhithm, or some other way that you use checkpoints, I think we often guess at how our communities are doing. And so, I think as a takeaway and maybe a next step, how do you know? Right?

And, that's not a one point in time, it's on an ongoing basis. How can you all as leaders build into your routines, rituals, and checks some real meaningful and ongoing data that can be actionable in the space of mental health, well-being, and community care? Yeah. And, Adrian, I think maybe you have a handful of takeaways from your time listening and participating, too, if you want to share some.

- Yeah, definitely. Yeah. And, I think that along those lines, one thing that Dr. Gasko shared was that phrase, like, we treasure what we measure, and I think that that's a really...that was a really important takeaway for me. And, I also enjoyed hearing about the various ways that they measure student mental health and well-being. And then I was also curious about, like, how we can, like, learn more about educator mental health and well-being.

And, I've talked to some of the people at Rhithm, and I think that that's also on their mind. So, it's like one of those questions that maybe we can all consider, is, like, it's not just the students who need support, it's also the educators and the families. And then I guess one last takeaway that I had...oh, I can't exactly

remember what Dr. Gasko said, but along the lines, it's like, if we feel it, like, we can learn it.

And so, thinking, as leaders, how we can really embody these principles so that when we learn more about our own selves and our own mental health, we can then share that with other people as well. And, I was really also thinking some of Cindy's comments in the last conversation really just helped me think about just that conversation of if we are to partner with a community, it's this process of continual dialog.

So, how can we open up more communication channels so that we can learn more from our families and communities so that we can better serve them? Awesome. So, with that being said, this is coming up right to the close of our webinar. Thank you, all, for hanging in there.

As we close, we invite you all to go to Section 3 of the workbook and jot down three immediate action steps that you're going to take in your schools to help create communities of care. And, while you take a second to do that, we also invite you to, like, come off of mute or drop some ideas in the chat.

We would love to hear from you all.

- That journey of a thousand miles begins with a single step, right? So, if there's just one thing that's top of mind, you know, sometimes writing it down is a version of commitment. So, we'll welcome that in the chat as well, just even one thing.

- And, as you all are sharing in the chat and writing down those great action steps, I'm going to move us right along.

We are so grateful that you were able to join us today, and we would love your feedback so that we can continue to improve. So, Austin is going to share one more link in the chat to our post-session survey. And, if you could just take a moment or two to tell us how we did and what other topics under this kind of broad subject matter are you interested in hearing more about.

So, thank you in advance for your survey responses. And, today's resource is just one of many shared on the National Charter School Resource Center website. So, we encourage you to visit our site at charterschoolcenter.gov to explore everything we have to offer. And, if you have any questions about this presentation, you may reach out to us at contact-us@charterschoolcenter.org.

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We will be following up with you next week with a recording of the video, the workbook, and the publication so that you're able to do this work within your offices with your team. And, again, if you have any questions about the resource, please don't hesitate to reach out to us. And, that does it for today.

Many thanks to Adrian, Andrea, and Dr. Gasko for leading us through today's session and to all of you for sticking with us throughout this 90 minutes and taking time out of your very busy schedules to join us. We hope that you found it beneficial to your work, and we look forward to seeing you soon on a future Resource Center event.

Until then, be safe, and be well, and have a great afternoon. Thank you, everyone, so much for joining us.